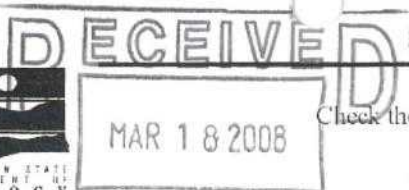


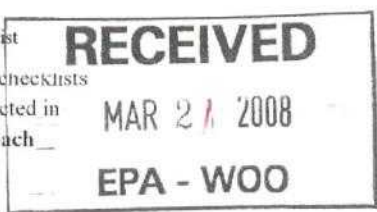
CEO - Yakima

4260087



# Underground Storage Tank

Check those activities which apply: ☒ Tightness Testing Checklist  
☐ Retrofit Repair checklist  
☐ Cathodic Protection Checklist



The attached Underground Storage Tank (UST) checklists are required for each of the listed activities. The checklists certify that Tightness Testing, Retrofit Repair and/or Cathodic Protection activities are performed and conducted in accordance with Chapter 173.360 WAC. Complete this form and the corresponding UST checklist for each activity checked above.

See back of form for instructions.

## 1. UST SYSTEM LOCATION AND OWNER

UBI Number: \_\_\_\_\_ Site ID Number: 4260087  
(UBI # from Master Business License) (Available from Ecology if tank is registered)

Site/Business Name: Smitty's #140

Site Address: 102 E. Toppenish Avenue  
Street County  
Toppenish Washington 98948-0000  
City State Zip+4 (required)  
Telephone: (509)882-3377

UST Owner/Operator: RH Smith Distributing

Mailing Address: PO Box 6  
Street P.O. Box  
Grandview WA 98930-0000  
City State Zip+4 (required)  
Telephone: (509)882-3377

## 2. FIRM PERFORMING WORK

Service Company: Northwest Tank & Environmental Services, Inc.

Service Co. Address: 17407 59th Ave SE Snohomish  
Street County  
Snohomish Washington 98926  
City State Zip+4 (required)

Certified Supervisor: Jim Gray

Address: 17407 59th Ave SE  
Street P.O. Box  
Snohomish Washington 98926  
City State Zip+4 (required)

IFCI Certification Number: 4141035977 Certification issue Date (Month/Year): 8/24/2007

Telephone: (425) 742-9622

*Ecology is an equal opportunity and affirmative action employer  
For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407-7170.*

# Underground Storage Tank Tightness Testing Checklist

Site ID #	
Site Address	102 E. Toppenish Avenue
City	Toppenish

For more than four UST systems, you may photocopy this form prior to completing.

## I. TIGHTNESS TESTING METHOD

Date of Test: 11/27/2007

1 Tightness testing method(s) used (indicate if more than one method was used):

Test method name/version/Manufacturer: Accurite Training and Services Corp.

0

USTEST 2001P 2000U Sound Services

Note: A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested up to the 95% full level. When underfill volumetric testing methods are used, the tank must be: 1) filled with product to the 95% full level or 2) the portion of the tank above the product level must be tested using a nonvolumetric method which meets performance standards, for tightness testing.

2 Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (required for single wall tanks): Monitoring Well

3 Method used for release detection:

SIR

4 Reason for conducting tightness test:

Required release detection method

5 Type of test conducted:






Total System Test (Tanks line & leak detectors)

6 Test method type:

Volumetric

## II. TEST METHOD CHECKLIST

The following items shall be initialed by the Certified Supervisor whose signature appears on this form.

	Yes/No/NA	Initials
1. Has the tightness testing method used been demonstrated to meet the performance standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no	Yes	
2. Have all written testing procedures developed by the manufacturer of the testing equipment and method been followed while the test was being set up and	Yes	
3. Was the product level in the tank during the test within the limitations of the test methods performance standards?	Yes	
4. If groundwater was present above the bottom of the tank, have the testing procedures accounted for its presence? (required for single wall tanks)	N/A	
5. If the tightness test is considered a failed test, has the owner/operator been notified of the test results? (Note: Tank owner must report a failed tightness test as a suspected release within 24 hours to UST staff at the appropriate Ecology	N/A	

\* Item not applicable

Site ID #	
Site Address	102 E. Toppenish Avenue
City	Toppenish

### Tightness Testing Checklist (continued)

#### III. TANK INFORMATION CHECKLIST

	1	2	3			
1. Tank ID# (tank name registered with Ecology)						
2. Date installed	Unk	Unk	Unk			
3. Tank capacity in gallons	6000	8000	4000			
4. Last substance stored	Regular	Midgrade	Premium			
5. Number of tank compartments	1	1	1			
6. Tank type: (S) single wall; (D) double wall; (P) partitioned	S	S	S			
7. Is overfill device present? (Yes/No)	Drop Tube	Drop Tube	NO			
8. Percentage of product in tank during test? (Volume % must comply with test method certification requirements)	53	NA	46			
9. The test method used can detect a leak of how many GPH?	.05	.05	.05			
10. The numerical tank test results are? (In gallons per hour)	0.046	NA	0.008			
11. Based on evaluating test results and conducting any retesting as necessary as per test protocol to obtain conclusive test results; the test results are?	PASS	Not Tested	PASS			

#### IV. Line Information


	Regular	Midgrade	Premium			
1. Piping type: (S) single wall; (D) double wall	Single	Single	Single			
2. Pump type: (T) turbine; (S) suction	Pressure	Pressure	Pressure			
3. (a) If turbine, is leak detector present (Yes/No)	Yes	Yes	Yes			
(1) If present, was lead seal intact? (Yes/No N/A)	No	No	No			
(2) Line leak detector results? (Pass/Fail)	Pass	Pass	Pass			
(b) If suction, check valve located at? (T) tank (P) pump	N/A	N/A	N/A			
4. The numerical line test results are? (gallons per hour)	0	0	0			
5. Line tightness test results? (Pass/Fail)	PASS	PASS	PASS			

\* Inconclusive test results for tanks or piping will not be considered as valid tightness test for the purposes of complying with UST release detection regulations.

#### V. REQUIRED SIGNATURES

I hereby attest, that I have been the Certified Supervisor present during the above listed testing activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures pertaining to underground storage tanks

Persons submitting false information are subject to formal enforcement and/or penalties under Chapter 173.360 WAC.

11/27/2007  Jim Gray  
Date Signature of Certified Supervisor Printed Name

\_\_\_\_\_  
Date Signature of Tank Owner/Authorized Representative Printed Name